

Date/ Procedure Code	Face to face time/total time in minutes/ Location *	Expedited Assessment	
		Refer to Previous Assessment of: Date: _____ Assessor: _____	
		Presenting Problem:	
Current Medication:			
Current Substance Abuse:			
MSE:			
Current Potential for Harm:			
Diagnosis:		Impairment/Disability	Enter P in front of Primary
Use DSM-IV Codes. Indicate (P) – Primary and (S) – Secondary			Diagnostic Code
Axis I: P			
Axis I: S (COD Information)			
Axis II:			
Axis III: Relevant Medical Conditions:			
Axis IV: Psychosocial and Environmental Problems:			
Axis V: Current GAF:		Highest in Past Year:	
Interpretive Summary:			

* Note: Services are clinic based unless otherwise noted.

Completed by: _____ **Signature** _____ **Title** _____ **Date** _____

Co-signature: _____ **Signature** _____ **Title** _____ **Date** _____
(if required)

County of San Diego
Health and Human Services Agency
Mental Health Services

EXPEDITED ASSESSMENT

HHSA:MHS-991 (07/2004)

Client: _____

MR/Client ID #: _____

Program: _____